

SENATE BILL NO. 44

INTRODUCED BY K. HANSEN

BY REQUEST OF THE ECONOMIC AFFAIRS INTERIM COMMITTEE

A BILL FOR AN ACT ENTITLED: "AN ACT CREATING A LEGISLATIVE HEALTH POLICY COUNCIL;
PROVIDING FOR BIPARTISAN APPOINTMENTS; DESCRIBING DUTIES AND THE SCOPE OF ACTIVITIES;
AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE."

WHEREAS, ordinary citizens' access to development of solutions to health care issues is of primary concern for legislators; and

WHEREAS, a voluntary group of citizens known as the coverage committee of the Montana Health Care Forum emphasized in their meetings over the span of a year a commitment for health care consumers to work with legislators in developing sound public health care policies; and

WHEREAS, government encourages access to government operations regardless of a citizen's race, creed, color, national origin, gender, political affiliation, or beliefs and has a moral authority to reach out to include citizens of lower socioeconomic means; and

WHEREAS, budgetary constraints and uncertainties regarding the number of participants on any particular health care issue complicate travel or per diem reimbursements to people who are not state employees or serving as appointees to a government board; and

WHEREAS, legislative meetings occasionally take place outside of Helena as a way of encouraging participation among citizens unable for whatever reason to attend meetings in Helena and these meetings can be budgeted for in a way that encourages geographic as well as rural and urban diversity.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Purpose. The purpose of the health policy council is to engage the public and relevant stakeholders in discussions related to health care policies, conduct research into health care issues, propose legislation related to health care policies, and suggest strategies designed to provide all residents with access to quality health care services at costs that are affordable.

1 **NEW SECTION. Section 2. Health policy council -- appointment -- composition.** (1) There is a

2 legislative health policy council consisting of four members from the senate and four members from the house,
3 appointed as provided in subsection (2).

4 (2) (a) The speaker of the house in consultation with the minority leader of the house shall appoint two
5 house members from the majority party and two house members from the minority party.

6 (b) The committee on committees in consultation with the minority leader shall appoint two senate
7 members of the majority party and two senate members of the minority party.

8 (c) A member of a majority or minority party who changes party affiliation during a term must be replaced
9 by the appropriate appointing authority to maintain the bipartisan makeup of the council.

10 (d) In making the appointments, which must be made by the time of adjournment of the regular legislative
11 session, the appointing authorities shall attempt to select members who have been or are members of a standing
12 committee that considers health-related or business-related issues.

13 (e) The appropriate appointing authority shall fill a vacancy for the party in which there is a vacancy.

14 (f) The provisions of 5-5-234(1) and (2) apply.

15 (3) A council term begins with appointment and ends when new members are appointed, as provided
16 in subsection (2), or when a member ceases to be a legislator.

17 (4) The legislative council shall schedule the first meeting of the health policy council.

18 (5) The health policy council is not an interim committee of the legislature, but the provisions of 5-2-302,
19 5-5-213, 5-5-214, and 5-5-216 apply to health policy council activities carried out during an interim.

20 (6) Each interim, the health policy council shall hold at least one meeting outside of Helena but within
21 the state. Subject to the availability of funds, the health policy council may hold more meetings outside of Helena
22 to encourage statewide public access to the council. The presiding officer and vice presiding officer shall jointly
23 determine when and where a meeting outside of Helena is to be held.

24
25 **NEW SECTION. Section 3. Duties -- biennial goals.** (1) (a) The health policy council shall:

26 (i) encourage stakeholder and public participation to develop ideas for health care reform;

27 (ii) analyze legislative proposals and studies in health care areas and prepare reports based on these
28 proposals and studies for use by legislative committees, administrative agencies, and the public; and

29 (iii) work with the appropriate executive branch agencies and the state auditor's office on issues related
30 to public health programs and health insurance, respectively.

1 (b) The health policy council may:

2 (i) work in conjunction with any stakeholders on the issue areas provided for in subsection (2) and
3 participate as provided in subsection (3);

4 (ii) develop legislation, by a majority vote of the council, for health care reform based on public input and
5 recommendations that are consistent with the mission stated in [section 1] and the provisions of 50-4-104;

6 (iii) recommend strategies, if legislation is not required, for improving access to affordable, quality health
7 services to the executive branch, local governments, the university and public education systems, and the private
8 sector; and

9 (iv) conduct research or hire through the legislative services division appropriate consultants to conduct
10 research and provide analysis on health care systems, costs, quality, and affordability.

11 (2) The health policy council may consider any health policy issue at its own discretion or as directed
12 by the legislature, including but not limited to:

13 (a) consumer engagement on issues related to preventive health care, partnerships for providing
14 appropriate health care coverage, consumer health information, and related subjects;

15 (b) coverage, including access to affordable health insurance or to health care services through public
16 programs;

17 (c) delivery systems, including policies addressing health care provider shortages and ways to increase
18 access to health care services;

19 (d) transparency, including providing information for consumers to make decisions on health care
20 services costs and quality, information-sharing systems that improve efficiency, and related subjects; and

21 (e) value, including the review of and recommendations on nationally developed evidence-based best
22 practices and the use of pay-for-performance standards, disease registries, and measures to reduce duplicative
23 services.

24 (3) If a public work group convenes to discuss health policy topics, the health policy council may, with
25 the work group's concurrence, assign at least two legislative members from separate houses of the legislature
26 to the work group, one from a majority party and one from a minority party. The legislators assigned to a work
27 group may be paid as provided in 5-2-302.

28 (4) Creation of a subcommittee, as provided in 5-5-211, must be approved by the legislative council.
29 Nonlegislative members of a subcommittee may not be paid, and the provisions of 5-5-211 regarding payment
30 of salary and expenses to a nonlegislative subcommittee member do not apply.

(5) The legislative services division shall maintain a list of interested persons and shall provide those persons with notice and information regarding the meetings of the health policy council.

(6) At the first meeting of each term, the health policy council shall develop biennial goals and pursue those goals, consistent with its budget, during the term.

NEW SECTION. **Section 4. Codification instruction.** [Sections 1 through 3] are intended to be codified as an integral part of Title 5, chapter 5, and the provisions of Title 5, chapter 5, apply to [sections 1 through 3].

NEW SECTION. **Section 5. Effective date.** [This act] is effective on passage and approval.

NEW SECTION. **Section 6. Termination.** [This act] terminates June 30, 2015.

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